

CAHPS™ 2.0

**Child Medicaid
Managed Care Questionnaire**

October, 1998

SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes ***Go to Question 1***

No

{This box should be placed on the Cover Page}

All information that would let someone identify you or your family will be kept private. {SPONSOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call XXX.

1. Our records show that your child is now in {Medicaid/State name for Medicaid}. Is that right?

- 1 Yes **Go to Question 3**
- 2 No

2. What is the name of your child's health plan? (please print)

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

The next questions ask about your child's health care. **Do not** include care your child got when he or she stayed overnight in a hospital. **Do not** include the times your child went for dental care visits.

3. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When your child joined this health plan or at any time since then, did he or she get a new personal doctor or nurse?

- 1 Yes
- 2 No **Go to Question 5**

4. With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
- I didn't get a new personal doctor or nurse for my child.

5. Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

- 1 Yes
- 2 No **Go to Question 8 on page 2**

6. In the last 6 months, when your child went to his or her personal doctor or nurse's office or clinic, how often did the doctor or nurse talk with you about how your child is feeling, growing, and behaving?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- My child doesn't have a personal doctor or nurse.

7. We want to know your rating of your child's personal doctor or nurse. If your child has more than one personal doctor or nurse, choose the person your child sees most often.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

- 0 Worst personal doctor or nurse possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor or nurse possible
- My child doesn't have a personal doctor or nurse.

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits in your answers.

8. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 6 months, did you or a doctor think your child needed to see a specialist?

- 1 Yes
- 2 No **Go to Question 10**

9. In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- My child didn't need to see a specialist in the last 6 months.

10. In the last 6 months, did your child see a specialist?

- 1 Yes
- 2 No **Go to Question 13 on page 3**

11. We want to know your rating of the specialist your child saw most often in the last 6 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?

- 0 Worst specialist possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best specialist possible
- My child didn't see a specialist in the last 6 months.

12. In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

- 1 Yes
 - 2 No
- My child doesn't have a personal doctor or my child didn't see a specialist in the last 6 months.

CALLING DOCTORS' OFFICES

13. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

- 1 Yes
 - 2 No
- Go to Question 15 on page 4

14. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

I didn't call for help or advice for my child during regular office hours in the last 6 months.

**YOUR CHILD'S HEALTH CARE
IN THE LAST 6 MONTHS**

15. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.

In the last 6 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?

- 1 Yes
2 No **Go to Question 17**

16. In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?

- 1 Never
2 Sometimes
3 Usually
4 Always

My child didn't need an appointment for regular or routine care in the last 6 months.

17. In the last 6 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- 1 Yes
2 No **Go to Question 19**

18. In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?

- 1 Never
2 Sometimes
3 Usually
4 Always

My child didn't need care right away for an illness or injury in the last 6 months.

19. In the last 6 months, how many times did your child go to an emergency room?

None
_____ Number of times (*Write in*)

20. In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

- None **Go to Question 35
on page 7**
- 1 1
2 2
3 3
4 4
5 5 to 9
6 10 or more

21. In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?

- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
- My child had no visits in the last 6 months.

22. In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan?

- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
- My child had no visits in the last 6 months.

23. In the last 6 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
- My child had no visits in the last 6 months.

24. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
- My child had no visits in the last 6 months.

25. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
- My child had no visits in the last 6 months.

26. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
- My child had no visits in the last 6 months.

27. In the last 6 months, how often did you have a hard time speaking with or understanding your child's doctors or other health providers because you spoke different languages?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
My child had no visits in the last 6 months.

28. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
My child had no visits in the last 6 months.

29. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
My child had no visits in the last 6 months.

30. Is your child old enough to talk with doctors about his or her health care?

- 1 Yes
 - 2 No
- Go to Question 33 on page 7**

31. In the last 6 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- My child had no visits in the last 6 months or my child is not old enough to speak to health providers.

32. In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
My child had no visits in the last 6 months or my child is not old enough to talk with doctors.

33. In the last 6 months, how often did doctors or other health providers spend enough time with your child?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
- My child had no visits in the last 6 months.

34. We want to know your rating of all your child's health care in the last 6 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

- 0 Worst health care possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best health care possible
- My child had no visits in the last 6 months.

35. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with your child's doctors or other health providers?

- 1 Yes
- 2 No **Go to Question 37**

36. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- My child had no visits in the last 6 months or I didn't need an interpreter in the last 6 months.

37. In the last 6 months, did your child need an interpreter to help him or her speak with doctors or other health providers?

- 1 Yes
- 2 No **Go to Question 39 on page 8**

38. In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did he or she get one?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

My child had no visits in the last 6 months or my child didn't need an interpreter in the last 6 months.

39. Is your child 2 years old or younger?

- 1 Yes
- 2 No **Go to Question 43 on page 9**

40. Reminders from the doctor's office or clinic or from the health plan can come to you by mail, by telephone, or in-person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

- 1 Yes
- 2 No

41. Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?

- 1 Yes
- 2 No **Go to Question 43 on page 9**

42. Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?

- 1 Yes
- 2 No

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

- 43. Some states pay health plans to care for people covered by {Medicaid/State name for Medicaid}. With these health plans, you may have to choose your child's doctor from the plan list or take your child to a clinic or health care center on the plan list.**

Is your child covered by a health plan like this?

- 1 Yes
2 No **Go to Question 49**

- 44. Is this the health plan you use for all or most of your child's health care?**

- 1 Yes
2 No

- 45. How many months or years in a row has your child been in this health plan?**

- 1 Less than 6 months
2 6 up to 12 months
3 12 up to 24 months
4 2 up to 5 years
5 5 up to 10 years
6 10 or more years

- 46. Did you choose your child's health plan or were you told which plan your child was in?**

- 1 I chose my child's plan.
2 I was told which plan my child was in.

- 47. You can get information about your child's plan services in writing, by telephone, or in-person.**

Did you get any information about your child's health plan before you signed him or her up for it?

- 1 Yes
2 No **Go to Question 49**

- 48. How much of the information you were given before you signed your child up for the plan was correct?**

- 1 All of it
2 Most of it
3 Some of it
4 None of it

I didn't get any information about my child's health plan.

- 49. In the last 6 months, did you look for any information in written materials from your child's health plan?**

- 1 Yes
2 No **Go to Question 51 on page 10**

50. In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?

1 A big problem

2 A small problem

3 Not a problem

I didn't look for information from my child's health plan in the last 6 months.

51. In the last 6 months, did you call the health plan's customer service to get information or help for your child?

1 Yes

2 No **Go to Question 53**

52. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

1 A big problem

2 A small problem

3 Not a problem

I didn't call my child's health plan's customer service in the last 6 months.

53. Paperwork means things like getting your child's ID card, having your child's records changed, processing forms, or other paperwork related to getting care for your child.

In the last 6 months, did you have any experiences with paperwork for your child's health plan?

1 Yes

2 No **Go to Question 55**

54. In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

1 A big problem

2 A small problem

3 Not a problem

I didn't have any experience with paperwork for your child's health plan in the last 6 months.

55. We want to know your rating of all your experience with your child's health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?

0 Worst health plan possible

1

2

3

4

5

6

7

8

9

10 Best health plan possible

ABOUT YOUR CHILD AND YOU

56. In general, how would you rate your child's overall health now?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

57. Does your child have any kind of emotional, developmental, or behavior difficulty now for which he or she has received treatment or counseling?

- 1 Yes
- 2 No

58. What is your child's age now?

- 0 Less than one year old
_____ YEARS OLD (*Write in*)

59. Is your child male or female?

- 1 Male
- 2 Female

60. Is your child of Hispanic or Latino origin or descent?

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino

61. What is your child's race? Please mark one or more.

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native

62. What is your age now?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

63. Are you male or female?

- 1 Male
- 2 Female

64. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

65. What language do you mainly speak at home?

- 1 English
- 2 Spanish
- 3 Some other language (please print)

66. How are you related to the child?

- 1 Mother or father
- 2 Grandparent
- 3 Aunt or uncle
- 4 Older brother or sister
- 5 Other relative
- 6 Legal guardian

67. Are you listed as the child's payee or guardian on Medicaid records?

- 1 Yes
- 2 No

THANK YOU

Please return the completed survey in the postage-paid envelope.